

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000083895

Entity Name: CAMPANARELLO REAL ESTATE, INC.**Current Principal Place of Business:**5930 NW 99TH AVE #4
DORAL, FL 33178**Current Mailing Address:**5930 NW 99TH AVE #4
DORAL, FL 33178**FEI Number:** 27-3674802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSMANIA DIAZ FUENTES
5930 NW 99TH AVENUE.
UNIT # 4
DORAL, FL 33178 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DP
Name CIARCIA-WALO, RAFAEL
Address 5930 NW 99TH AVE #4
City-State-Zip: DORAL FL 33178Title DS
Name FUENTES, OSMANIA
Address 5930 NW 99TH AVE #4
City-State-Zip: DORAL FL 33178Title DT
Name CIARCIA-SCIARRETTA, MARIA L
Address 5930 NW 99TH AVE #4
City-State-Zip: DORAL FL 33178Title DV
Name DE CIARCIA, ADELINA S
Address 5930 NW 99TH AVE #4
City-State-Zip: DORAL FL 33178Title TD
Name CIARCIA-SCIARRETTA , CARLO
Address 5930 NW 99TH AVE #4
City-State-Zip: DORAL FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSMANIA FUENTES

DS

04/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date